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MEMORANDUM

TO: RHCFC Members

FROM: Sandy Biggi, Director of Nursing Facility Policy

DATE: April 15, 2009

SUBJECT: CMS Issues Revisions to Interpretive Guidance for Several Tags

ROUTE TO: Administrator, Department Heads

ABSTRACT: CMS revises nursing home interpretive guidance.

The Centers for Medicare and Medicaid Services (CMS) has issued revisions to some of the interpretive guidance as part of Appendix PP of the State Operations Manual (SOM) used during the survey process. These revisions, effective June 17, 2009, affect a series of federal tags which were developed in response to the results of the April 2008 symposium, *Creating Home in the Nursing Home*, co-sponsored by CMS and the Pioneer Network. The focus of this symposium was person-centered living environments.

Following is a list of the federal tags that include revisions and the key changes:

F172 Access and Visitation Rights

- The Guidance was amended to state that facilities must provide 24-hour access to any visitor who is visiting with consent of the resident.
- “Reasonable restrictions” regulatory language is defined as those restrictions that keep the home’s residents safe.
 - Keeping home locked at night, restricting persons who are disruptive, providing alternate locations for visits (other than the resident’s bedroom) to minimize disruption to a roommate.
- The Guidance states that the home has the right to “reasonable restrictions” including keeping doors locked at night, and denying access or providing limited and supervised access to certain visitors if they have been found to be exploiting the resident or other residents, or denying access to persons who are inebriated and disruptive. However, “reasonable restrictions” is not defined to include the actual limiting of visiting hours.
- Surveyors are to follow-up if the facility has posted signs indicating visiting hours less than 24-hours or has otherwise advised residents of restricted visiting hours.

F175 Married Couples

- Recognizing that the language at this tag refers only to married couples, the Guidance is amended to clarify that this requirement does not prohibit the facility from accommodating residents who wish to room with a person of their choice; which could include family members, friends, or an unmarried couple. Language has also been added at F242 Self-Determination and Participation on this issue.

F241 Dignity

- The definition of Dignity:
 - “Dignity means that in their interactions with residents, staff carry out activities that assist residents to maintain and enhance their self-esteem and self-worth.”
- The previous bullet about grooming was deleted because it pertained more to ADL care. It was replaced with new language emphasizing the dignity aspects of grooming, i.e., according to personal preferences, e.g., hair length and style, beards, mustaches, clothing style.
- Language has been added to encourage and assist residents to wear their own clothing rather than hospital-type gowns.
- Clarification has been added that use of bibs / clothing protectors should be avoided, except by resident choice; that napkins should be used instead. Also notes that staff should refrain from standing over a resident while assisting her / him to eat, and that they should be interacting with residents rather than each other while giving care.
- Remaining bullets include previous language and some additions - address respecting residents’ space; not changing radio or TV stations to suit staff; knocking; keeping belongings where the resident prefers; speaking respectfully to residents; focusing on and addressing residents as individuals (e.g., name preferences); avoiding the use of labels for residents such as “feeders.”
- Language has been added on the use of signage in bedrooms and where the public can view, including staff work areas.
 - It is not compliant to place signage with confidential resident information where it can be readily seen by visitors and other residents.
 - Exceptions to this include when the resident or responsible party requests a sign about an aspect of care (e.g., do not take blood pressure in right arm) and for isolation precautions as mandated by CDC - but those signs should not display the specific infection.
 - Clarifies that resident names on doors and resident memorabilia are allowable with consent.
- Guidance has been added on when to use this F-tag [F241 for privacy of body issues, i.e., keeping residents sufficiently covered when in public.
 - Adds guidance on when to use F241 for bodily privacy [e.g., while transporting through a public area] and when to use F164-Privacy and Confidentiality (assure visual privacy while providing care).
 - Suggests that one method of ensuring bodily privacy is to take residents to bathing rooms in their clothing, and change them there, but this is not required.
- Demeaning practices – includes examples:
 - Uncovered urinary catheter bags.

- Refusing to comply with a resident’s request to receive toileting assistance during meal times.
- Restricting residents from use of common area restrooms.
 - Exceptions are made for certain restrooms, e.g., too small for wheelchairs or other mobility devices, and for residents who are restricted from common areas due to, e.g., infection control or because the resident resides in a secured unit / household.

F242 Self-Determination and Participation

- New language clarifies some of the choices included in the requirements:
 - Activities, schedules, health care, interactions with members of the community, and aspect of his/her life that are significant to the resident.
- Language has been added to the Intent that directs the facility to actively seek information about resident preferences to help meet these choices.
- Choices over schedules is specified to include schedules of waking, eating, bathing, and going to bed at night, as well as health care schedules.
- Language has been added to clarify that choice over health care extends to method of bathing (bath, shower, in-bed method) as well as to timing.
- Language has been added regarding the right to make choices over matters that are significant, including the example of choosing to room with a particular person. (echoing F175-Married Couples).

F246 Accommodation of Needs

- The Guidance stresses that this tag’s focus is on the physical environment.
- Bedroom, bathroom, plus some degree of individualization in common areas
 - E.g., the facility should furnish common areas with furniture that enhances residents’ abilities to maintain their independence in sitting and rising, and should strive to accommodate residents of different heights through different sizes and types of seating choices.
- Language has been added that the facility should be accommodating needs and preferences, i.e., the facility should be assessing both needs and preferences of each resident and accommodating them to the extent reasonable, so long as others are not endangered.
- The guidance covers the general concept of reasonableness. Some specifics have been added about individualizing the bedroom and bathroom to assist resident to:
 - Open/close drawers, turn faucets on/off;
 - See her/himself in a bathroom mirror, have toiletries at hand;
 - Open/close doors, operate room lighting;
 - Use bathroom facilities (access grab bars, etc.); and
 - Other – use call bell, turn table light on/off.
- A probe has been added to the survey procedures asking, “...if the facility’s smoking areas are all outdoors, what does the facility do to accommodate residents when the weather is inclement?”

F247 Room/Roommate Change

- Guidance has been added to make this more specific and to emphasize the need for facilities to be sensitive to resident needs when moving to a new room or getting a new roommate.

F252 Environment

- The examples of places in the facility frequented by residents have been expanded to include dining areas, lobby, outdoor patios.
- Text has been added to explain intent of the word “homelike” in the regulatory language, i.e., “...as close to that of the environment of a private home as possible, eliminating odors and institutional practices as much as possible....”
- Examples of institutional practices that homes should strive to eliminate include:
 - Overhead paging, meals served on trays in dining room [e.g., plate service instead], institutional signage labeling rooms, medication carts, widespread use of audible seat and bed alarms, mass purchased furniture, nursing stations.
- The Guidance states that most homes cannot make these changes right away, but should strive toward them. It is not considered a deficiency if these remain.
- The Guidance acknowledges that some residents, especially if there for a short stay, may not wish to bring in personal belongings. Surveyors are instructed that this is not a problem and there is no need for further investigation for those residents.

F256 Lighting

- Regulatory language addresses both adequate and comfortable lighting: “...levels of illumination suitable to tasks the resident chooses to perform or the facility staff must perform.”
- Features of adequate lighting design are described:
 - Sufficient light with minimal glare, even light levels in common areas, use of daylight as much as possible, elimination of glare from shiny floors and unshielded windows.
- Additional suggested features of adequate lighting design:
 - Extra lighting available as needed for particular tasks (e.g., puzzles, reading), i.e., table or floor lamps;
 - “Way-finding” light to help residents find their way to their bathroom at night;
 - Dimmers where possible and when desired can give residents more control over light level;
 - Staff can also use them for care at night.
- Facilities unable to change basic lighting design due to voltage or wiring issues are encouraged to minimize glare and provide extra task lighting as needed.
- The Guidance advises that facilities can consult lighting guidance from the authoritative source – the Illuminating Engineering Society of North America.
- The Guidance also addresses some additional issues to enhance residents’ ability to distinguish surfaces / see better:
 - Contrasting colors between:
 - Floor/baseboard, bathroom fixtures/wall, and dishes/tables

F371 Sanitary Conditions

- The recent release of new guidance at this Tag has reportedly caused some questions about residents accepting food from visitors – CMS has clarified this Tag to make it clear that this requirement concerns facility procurement and does not limit the rights of residents to accept food from visitors.
- The confusion was created by a note stating that the requirement does not prohibit family or visitors from bringing in food for **that** resident’s consumption. CMS received many questions regarding whether, e.g., a resident’s roommate would be prohibited from accepting something from the visitor. The revision makes it clear that any resident has the right to accept food brought in by visitors.

F461 Resident Rooms

- LSC reference has been updated to the 2000 Edition.
- Language from the LSC has been added for windows:
 - Window sill height cannot exceed 36 inches;
 - Window may be operable (can open / close).
- Floor at grade level clarified.
- The regulatory language regarding “private closet space” from 483.15, F255 has been brought into this Tag; F255 has been deleted. The language currently at F461 regarding “individual” closet space is retained.
- The Guidance regarding closets makes it clear that clothing racks / shelves (if any) need to be accessible to the resident. Closets include free standing furniture such as wardrobes. If the facility is using wardrobes, the racks/shelves need to be accessible to the resident.

F463 Call System

- Language has been added to address homes that do not have nursing stations and homes that use wireless systems.
- The guidance adds language that to be in compliance, the system must not merely be functional, but it must be actually being used, that is, calls must be answered. For wireless systems, the devices in possession of staff must be functional and in use, and calls are being answered.

To access the detailed changes to the SOM as well as additional training information and an article entitled “The Language of Culture Change” regarding person-centered word usage to accompany F241 Dignity revision, click on the following link:

http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter09_31.pdf.

Members with comments or questions may contact me via e-mail at sbiggi@nyahsa.org or via telephone at 518-449-2707, extension 156.